

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012738

STATE FILE NUMBER

FILED APR 27 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

125

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>OLEAN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital 2 hrs.</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Fredrick</u> Last <u>Hecht</u>		4. DATE OF DEATH Month <u>Apr.</u> Day <u>22</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 10, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>		11. BIRTHPLACE (City and state or country) <u>MONITEAU, CO. MO</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HIS.</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA C. HECHT.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>HERBERT HECHT</u>		Address <u>OLEAN, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>vascular disease</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Urinary tract infection</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>OLEAN</u>		COUNTY <u>MO.</u> STATE <u>—</u>	
21. I attended the deceased from <u>Apr 20 59</u> to <u>Apr 22 59</u> and last saw him alive on <u>Apr 22 1959</u> Death occurred at <u>4: PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)		22b. ADDRESS <u>Eldon, Mo.</u>	
22c. DATE SIGNED <u>Apr 23 59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Apr. 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OLEAN</u>	23d. LOCATION (City, town, or county) (State) <u>OLEAN MO.</u>
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u> ADDRESS <u>—</u>		25. DATE RECD. BY LOCAL REG. <u>24 April 1959</u>	
26. REGISTRAR'S SIGNATURE <u>R. P. Norris, M.D. - M.R.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL DISORDERS IN PART I MUST BE CAUSALLY RELATED.

MAY 14 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Louis W. Phillips*

Licensed Embalmer No. *3662*
P. O. Address *Calder*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.